



Competitive Program Travel And Medical Release

In the event of a medical emergency in which the parents of _____ cannot be contacted, the undersigned does hereby release and give permission to trained medical professionals to administer emergency medical treatment.

In addition, in the course of travel to or from competitive program related activity, competition, clinic, parade, etc., participant and parents waive any and all responsibility to Nicki Hale (Competitive Edge) and Eagles Wings Gymnastics for any injury due to accident.

Parent(s) Signature _____ Date _____
_____ Printed Name

STATE OF TEXAS
COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person(s) whose name(s) is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20_____.

(SEAL)

Notary Public in and for
_____ County, Texas